

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>		10/722,000-Conf. #6530	
	<b>Filing Date</b>		November 25, 2003	
	<b>First Named Inventor</b>		Brian R. MURPHY	
	<b>Title</b>	PRODUCTION OF ATTENUATED RESPIRATORY SYNCYTIAL VIRUS...		
	<b>Art Unit</b>	1648		
	<b>Examiner Name</b>	Z. Lucas		
<b>Attorney Docket No.</b>		1173-1049PUS5		

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 33883

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name:

Address:

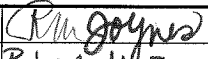
City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
	October 4, 2007
Name	Telephone
Robert M. Joyner, Reg. No. 54,842	301.594.6565
Title and Company	
Title: <u>Technology Licensing Specialist</u> THE GOVERNMENT OF THE UNITED STATES OF AMERICA, as represented by the Secretary, Department of Health and Human Services	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 0 forms are submitted.